U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

S Rec'd

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E B B B B B B B B B B B B B B B B B B B		
1 File Number U - 9858	2 Fiscal Year Covered From	
	1 / 1 / 2004 Through 12 / 31 / 2004	
3 Name and address of person filing	4 Name, file number, and address of labor organization	
Name Rome A Aloise	Name Teamsters Local 853	
	Labor Organization File Number 020-870	
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any	
Street 2100 Merced Street, Suite B	Street 2100 Merced Street, Suite B	
City San Leandro	City San Leandro	
State California ZIP Code + 4 94577	State California ZIP Code + 4 94577	
5 Position in labor organization Secretary-Treasurer		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization of Name and address of Employer (including trade name, if any) Name Trade Name, if any	derived income or other economic benefit of on represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income	
P O Box, Bldg , Room No , if any	7 b Amount	
Street City		
State ZIP Code + 4		
Signature		
15 Signature and verification The undersigned declares, under penalty of Penury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)		
Signed	On 8/8/2005 510-895-8853	
	Date Telephone Number	

Name of Person Filing Rome Alorse	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name Western Conf of Teamsters Pension TrustFund Trade Name, if any P O Box, Bldg, Room No, if any Street 2323 Eastlake Avenue E City Seattle State Washington ZIP Code + 4 98102	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name Trade Name, if any P O Box, Bldg , Room No , if any	Multi-Employer Pension Trust Fund Trustee and Committee member		
Street	11 b Approximate dollar value of such dealing		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	See continuation page		
	12 b Amount	\$4,835	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.		
	See Continuation page		
Name INVESCO			
Trade Name, if any			
P O Box, Bidg , Room No , if any			
Street 101 California Street, Suite 1900			
City San Francisco			
State California ZIP Code + 4 94111			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	\$82	

Name of Person Filing Rome Aloise		File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name Teamsters Benefit Trust	a Labor Organization	
Trade Name, if any	a zasor organization	
P O Box, Bldg , Room No , if any P O Box 5820	b Trust	
Street	c Employer	
Sheet		
City Fremont		
State California ZIP Code + 4 94538		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Multi-Employer Health Trust Fund	
	Trustee and Committee member	
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street		
Crty		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	See continuation page	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	La Caracteristic Control of the Cont	
	12 b Amount	\$812

Name of Person Filing	Rome Aloise	File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name Teamsters Life With Dues Trust Fund	a Labor Organization	
Trade Name, if any		
P O Box, Bidg , Room No , if any	b Trust	
Street 552 Denny Way, Room 111	c Employer	
City Seattle		
State Washington ZIP Code + 4 98109		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Multi-Employer Benefit Trust Fund Person in Item 3 Serves as Trustee	
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street		
City _		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	See continuation page	
	L	
	12 b Amount	\$67

Form LM-30 (2003) Page 4 of 5

Name of Person Filing Rome Aloise	File Number U-

Part C Continuation Page

C. Becelved from any employer (other than an employer severed under parts A	and B should ar from any labor relations consultant to an employer any
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name International Foundation of Employee Benefit	See Continuation page
Trade Name, if any	
P O Box, Bldg , Room No , If any P O Box 69	
Street 18700 W Bluemound Road	
City Brookfield	
State Wisconsin ZIP Code + 4 53008-0069	
13 b is the Business an Employer or Consultant 2	14 b Amount of payment \$3,345
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name	
Trade Name, if any	
P O Box, Bldg , Room No If any	
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name	
Trade Name, if any	
P O Box, Bidg , Room No , if any	
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.

Form LM-30 (2003)

Name of Person Filing: Rome A. Aloise Item 12.b; Continuation page for Western Conference of Teamsters Pension Trust, page 2 of 5

The person identified in Item 3 is a Union Trustee on the Board of Trustees of the entity identified in Item 10, which is a jointly administered pension trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). In performance of his duties as a trustee on the Trust Fund, he has attended trustee meetings and met with representative(s) of the Trust Fund for the purpose of discussing trust fund-related matters. During the course of such meeting(s), the amount entered in Item 12 b represents the estimated value of food, beverages, lodging, and/or incidental expenses incurred by the Union Trustee's attendance of Board of Trustee quarterly meetings convened in January, April, July and October, and Trustee Committee meetings held quarterly in March, June, September, and December in connection with the performance of his duties as a Union Trustee

Name of person filing: Rome A. Aloise Item 14.a Continuation page for INVESCO, Inc. Page 2 of 5

In performance of his duties as a principal officer and business representative, the person identified in Item 3 transacts business related to representing the members of the bargaining units under collective bargaining agreements enforced by the labor organization listed in Item 4. The amount entered in Item 14.b is an estimate of the amount paid by the Employer identified in Item 13.a on his behalf for such value of food, beverages, and/or incidental expenses supplied to the person identified in Item 3. This estimate is based on a review of a business calendar for appointments and meetings in 2004.

Name of Person Filing: Rome A. Aloise; Item 12.a Continuation page for Teamsters Benefit Trust page 3 of 5

The person identified in Item 3 is a Union Trustee on the Board of Trustees of the entity identified in Item 8 that is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund") In performance of his duties as a trustee on the Trust Fund, he has attended trustee meetings and met with representative(s) of the Trust Fund for the purpose of discussing trust fund-related matters. During the course of such meeting(s), the amount entered in Item 12 b represents the estimated value of food, beverages, lodging, and/or incidental expenses incurred by the Union Trustee's attendance of quarterly meetings of the Board of Trustees. The quarterly meetings referenced above occurred on or about February 6, 2004, May 7, 2004, August 6, 2004, and November 5, 2004.

Name of Person Filing: Rome A. Aloise; Item 12.a Continuation page for Teamsters Life With Dues Trust page 4 of 5

The person identified in Item 3 is a Union Trustee on the Board of Trustees of the entity identified in Item 8 that is an administered trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund") In performance of his duties as a trustee on the Trust Fund, he has attended trustee meetings and met with representative(s) of the Trust Fund for the purpose of discussing trust fund-related matters. During the course of such meeting(s), the amount entered in Item 12 b represents the estimated value of food, beverages, and/or incidental expenses incurred by the Union Trustee's attendance of the meetings of the Board of Trustees. This estimate is based on a review of a business calendar for appointments and meetings for meetings in 2004

Name of Person Filing: Rome A. Aloise; Item No. 14.b Continuation for International Foundation page 5 of 5

The person identified in Item 3 is a Committee member of the entity identified in Item 13 a which is an educational training program for Employee Benefit Plans. The amount entered in Item 14.b represents transportation, lodging, food, and/or incidental expenses incurred by the Union Committee Member in connection with his attendance and performance of his duties at the Employer's, as identified in Item 13 a, benefit educational programs and meetings which occurred in July and September, 2004